



U.S. Department
of Veterans Affairs

Using EHA to Shelter Veterans in Hotels

April 17, 2020

[Link to Audio](#)



SUPPLEMENTAL SSVF FUNDING

- Additional \$201.5 million for FY 2020 to SSVF grantees in the coming weeks. Ramp up services now.
- Overall limit of 50 percent maximum for TFA waived
- All recurring awards will get an increase of approximately 53 percent.
 1. Expand emergency housing capacity
 2. Expand prevention services
 3. Support HUD-VASH placements where PHAs are not fully functioning



GENERAL GUIDANCE

- **The need is urgent!** Put funds to work immediately to reduce risks for homeless and at-risk Veteran families.
- Plan, coordinate, AND ACT!
- Funds will go to grantees making the greatest impact. We may conduct 2Q sweeps in 30 days.



NEED IS IMMEDIATE AND URGENT

- 62% of homeless Veterans enrolled in VA program meet vulnerability criteria (VA Analytics).
- 40% of homeless individuals will be infected at any given time at the peak of the COVID-19 crisis (Culhane, 2020).
- 50% reduction in shelter capacity to create sufficient distance in congregate settings.



Inform & Integrate with Coordinated Entry.

- 45 day limit for emergency housing in motels/hotels suspended.
- 72 hour limit for individuals suspended.
- Limits on number of months for rental and utility assistance suspended.



CHANGES IN PREVENTION GUIDANCE

- Stage 2 screener eliminated
- 40 percent maximum spending on prevention waived



COMPLIANCE

- CARES Funds will be placed in new HHS account.
 - New Grant ID specific to these funds.
 - HHS accounts i.e. 12-CA-016-CA.
 - New Grant ID for GIFTS , adding the current contacts and award amounts. All CARES Act requirements will come from these accounts. (budget requests, Quarterly Certifications, End of Year reports etc.)
- New Budget specific to CARES will need to be completed by April 30, 2020.



COMPLIANCE

- These funds need to spent first, use of FY20 renewal funds should be put on hold.
- Extensions will be granted to allow for the use of these remaining funds once CARES funds are exhausted.



COMPLIANCE

- SSVF will be reporting spending and summary of costs to HPO leadership for Congressional submission.
- Quarterly reporting beginning with period ending June 30, 2020 will be required.
- End of Year Reporting on new funds will mirror same requirements as current grant reporting.



COMPLIANCE

- We will continue to monitor high audit profile changes. Continue to ask and communicate with your Regional Coordinator.
- Documentation is required for all TFA and costs charged to CARES funding.
- Budgets should be within the structural guidelines of the program.



EMERGENCY HOUSING ASSISTANCE

- Understand and align with local VA, CoC, and public health department response to COVID-19
- Vulnerable Veterans should be targeted for EHA, however, grantees may use EHA in other situations
 - Self-Quarantine prior to entering GPD or HCHV
- EHA with Rapid Resolution
 - No time limit on EHA when Veteran is diverted and staying with family or friends



EMERGENCY HOUSING ASSISTANCE

- SSVF services will vary, but all Veterans will need some level of support when placed in hotels
 - SSVF grantees provide remote support with check in calls at minimum to assess needs of Veterans
 - Food Assistance is allowable and may be needed by some Veterans who have been placed in hotels
 - Establish a plan now for connecting Veterans to medical care if needed
- Review handouts attached to this webinar and on SSVF website



PRESENTERS

- Erica Mulryan – COHHIO
- Angela Upshaw – Berkeley Food and Housing Partnership
- Adam Wawrynek – SUS
- Luke Drotar – Frontline

Using EHA to Shelter Veterans in Hotels

Erica Mulryan, COHHIO

April 17, 2020

Establishing Non-Congregate Options

- Identify Target Populations and Purpose
- Identify Units
- Develop Staffing Plan
- Secure Equipment and Supplies
- Develop Operations Plan
- Develop Supportive Services Plan

Establishing Non-Congregate Options

- Definitions and Target Populations
 - Isolation/Quarantine
 - Quarantine
 - For people or groups who don't have symptoms but were exposed
 - Quarantine keeps these people away from others so they don't unknowingly infect others
 - Isolation
 - For those who are already sick, but do not require hospitalization
 - Isolation keeps infected people away from healthy people to prevent spreading

Establishing Non-Congregate Options

- Definitions and Target Populations
 - Specialized
 - For people who have high risk of poor outcomes if they become COVID+
 - For people who require assistance with ADL's or have high behavioral health needs that cannot be accommodated in a congregate shelter
 - Shelter Overflow
 - For people who are asymptomatic and not exposed
 - To increase shelter capacity or deconcentrate shelters

Establishing Non-Congregate Options

- Identify Units
 - Hotel/motel units
 - Empty apartments
 - College/university dormitories or student housing
 - Isolation/Quarantine considerations
 - Units should be off-site of congregate shelter/transitional facilities
 - Exterior entry/exit

Establishing Non-Congregate Options

- Staffing
 - 24/7 staff presence
 - mix of hotel staff and provider staff
 - Level of staffing depends on target population and purpose of units
 - Train staff on all COVID-19 protocols

Establishing Non-Congregate Options

- Equipment and Supplies
 - Access to Personal Protective Equipment (PPE)
 - Post signs and informational posters for staff, volunteer, and client awareness about COVID-19, cough etiquette, and appropriate handwashing
 - Personal cleaning supplies for each room, including tissues, paper towels, cleaners and EPA-registered disinfectants.
 - Weekly cleaning and disinfecting of rooms plus at turnover
 - Laundry services for client's personal laundry and bedding provided by hotel/motel operator
 - Use CDC guidelines [Cleaning and Disinfecting Your Facility](#) or [Cleaning and Disinfection for Community Facilities.](#)

Establishing Non-Congregate Options

- Facility Operations
 - Provide individual meals with disposable utensils (knock/drop off)
 - If refrigerators provided in rooms, can provide some food for meal prep
 - Provide designated smoking areas and enforce social distancing
 - Consider offering incentives for compliance with social distancing
 - Enforce no visitors onsite
 - Provide for safe needle disposal

Establishing Non-Congregate Options

- Support Services
 - Identify and address potential language, cultural, and disability barriers
 - Monitor all clients at least daily and proactively support clients to support social distancing
 - Facilitate access to telehealth (medical and behavioral health)
 - Develop protocols for people who may be experiencing mental health crises or complications related to substance use disorders, including symptoms and complications of withdrawal

Establishing Non-Congregate Options

- Support Services
 - Arrange for and assist with refilling prescriptions, including supporting individuals who need access to daily medications such as methadone/Suboxone/Vivitrol
 - Provide dedicated case management (onsite or offsite) to plan for exit from the hotel/motel setting to stable housing or return to congregate shelter
 - Track in HMIS
 - Treat as shelter overflow project, for example

Establishing Non-Congregate Options

- Additional Considerations
 - Transportation



BERKELEY FOOD &
HOUSING PROJECT



**“My humanity is bound up
in yours, for we can only
be human together.”**

- *Desmond Tutu*

Emergency Housing Assistance (EHA) through SSVF

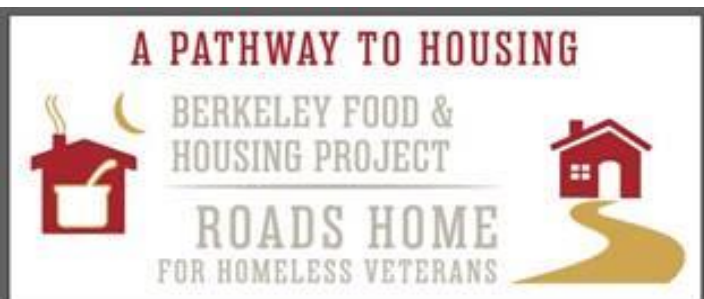
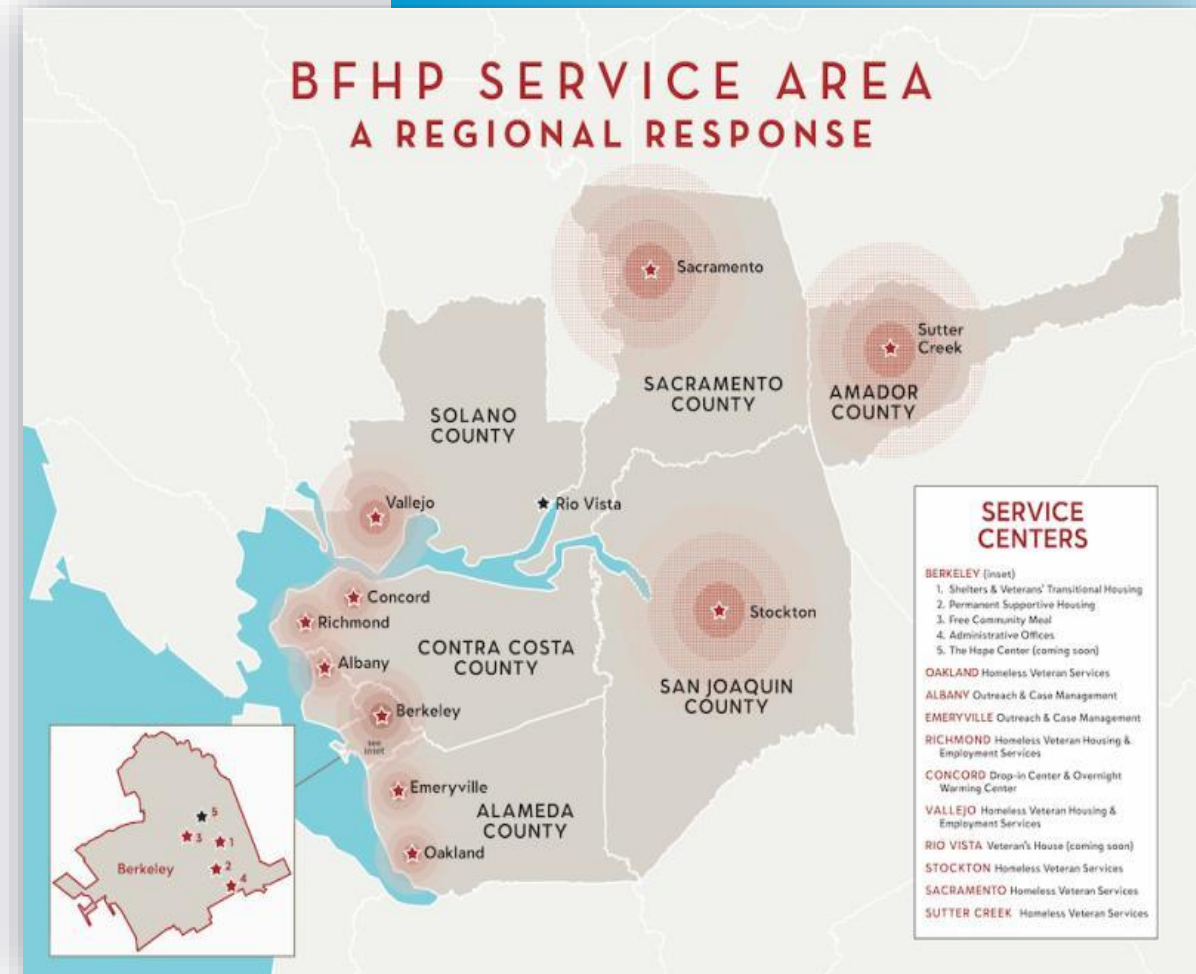
Angela Upshaw

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Presentation Overview

- Hotel Referral Process
- Hotel Partnerships
- Transportation
- Coordination with CoCs
- Hotel Aftercare



Hotel Referral Process

- Review of current SSVF participants
- Referrals from VA partners (HUDVASH, VA Drop-in center, VAMC)
- Other referrals (local hospitals, PD, outreach teams)



Hotel Partnerships

- Waive stay limits (21/28 day limits)
- Reduced rates
- Simplified billing/invoicing with Corporate account



Transportation

- ▣ Staff transport in agency vehicle with PPE
- ▣ Hospitals can provide Rideshare/ cab rides
- ▣ Public transportation



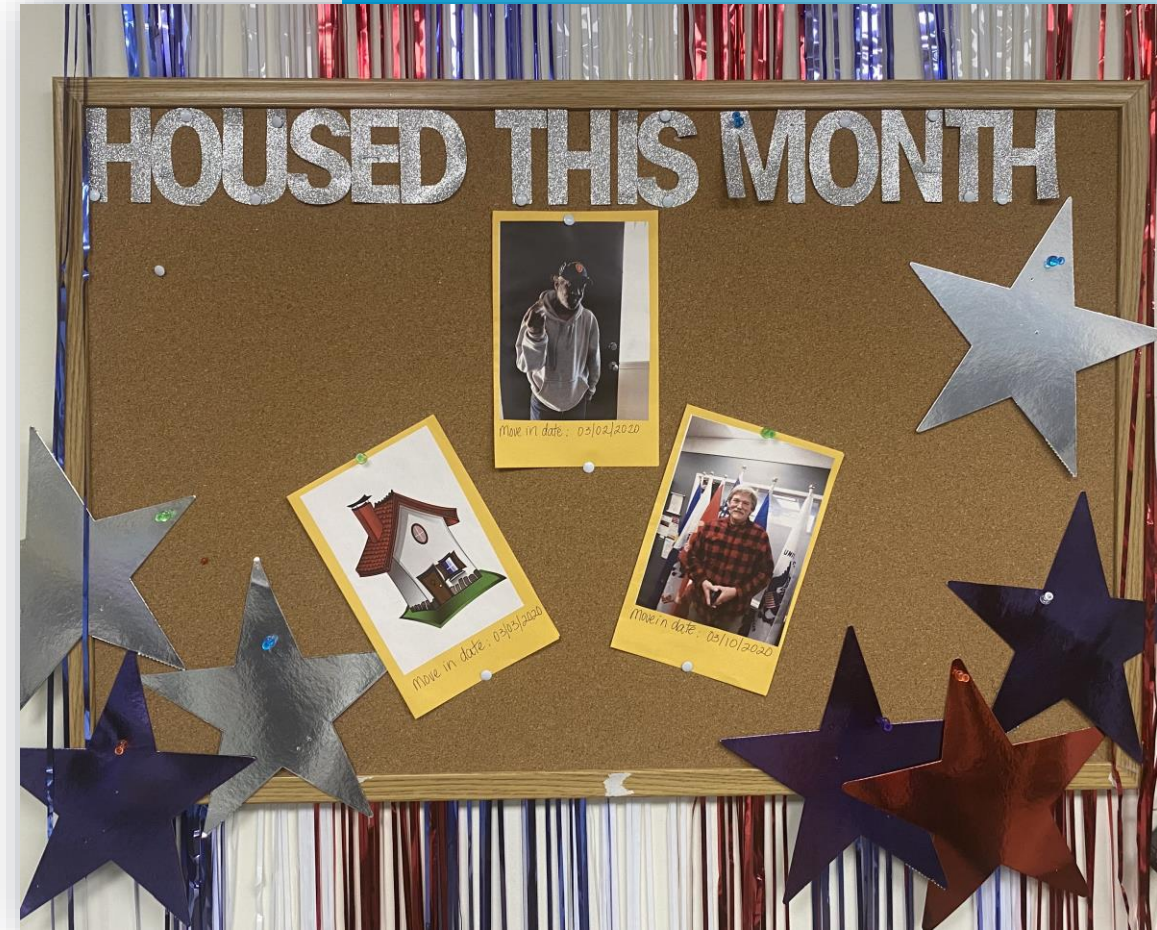
Coordination with CoCs

- Alameda County
 - Operation Comfort
 - Safer Ground
- Sacramento County
 - Trailers at Cal Expo
- Referring Veterans not eligible for SSVF



Hotel Aftercare

- Food resources and delivery
- Health screenings
- Case management and Housing navigation
- Adjusting to life in hotel



Hotel Aftercare details

Food Resources

Food drop-offs by outreach team, restaurant delivery, Grocery store delivery service, Meals on Wheels, Community meals through County/City.

Case Management & Housing Navigation

Those without VASH voucher receive full SSVF services. SSVF has successfully assisted a number of veterans into permanent during this crisis.

Health Screenings

Short phone screening to assess if person is symptomatic and needs to be referred to medical care. Similar to screening for shelters.

Adjusting to life in hotel

Includes support in following hotel rules and guidelines, allowing hotel staff to clean room as needed, keeping noise levels down, following shelter in place guidance, etc.



Thank You!



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SSVF COVID 19 EHA in NYC

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New York City residents have the Right to Shelter in the Five Boroughs, so EHA typically is not offered in our Continuum of Care.

Although our SSVF program did not have existing relationships with hotels for emergency shelter, we were able to draw on past partnerships to begin negotiations and secure EHA space.

Once EHA was approved for our COVID 19 response, S:US took into account the following:

1. Proximity to resources within walking distance (few veterans have their own vehicles)
 - VAMC distance
 - Accessibility to SSVF case management services (WiFi, Phones, in the vicinity of our SSVF office)
 - Availability of local food resources
2. Kitchens in rooms and self-serve laundry on-site were a must
3. Number of vacancies and ability to rent multiple rooms quickly at the same hotel

We negotiated a reasonable rate that met the planning needs of our SSVF program. Our agreement with the hotel group included:

- Flexible check-in dates and times from the end of March through the middle of May
- Locking in the same rate regardless of the number of nights a particular guest stays
- Agency commitment to a conservative minimum number of rooms that we knew we could fill
 - Based on the small number of referrals we began collecting from the VAMC and interest from participants on our SSVF caseload
 - Assurances from the hotel that we could increase the number of rooms we reserve quickly

- ACH electronic payments for each participant's guest room usage and number of nights each person stays (knowing that several veterans will move out to permanent housing on different dates)
 - Daily tracking of each room's usage for specific veterans/guests with the hotel sales manager and SSVF management
- Negotiated terms of veterans' stays
 - No smoking and no overnight guest policies
 - SSVF emergency procedures and contact information
 - Deactivation of certain incidental services (no long-distance calls, room service or on-demand programming)

During the crisis we communicate with program participants in hotels daily to address:

- Health, Safety and SSVF Service needs
- Food Security
- Permanent Housing Search
- Coordination with other service providers
- Behavioral Health concerns, including isolation-related issues
- Unemployment and Income Support Services

Additionally, the hotel is within walking distance from our SSVF office, allowing staff to visit veterans in-person if necessary.

S:US created a part-time position to support our EHA services. This remote staff member will:

- Coordinate referrals from DSS, VA and other stakeholders for EHA placement
- Arrange for transportation to/from hotels for veterans
- Facilitate virtual case management and telehealth
- Increase guests' access to food resources
- Assist with reservations and payments
- Support placements into permanent housing
- Provide additional administrative support



Problem Solving COVID-19 Alongside Veterans

Luke Drotar
FrontLine Service
Cleveland, Ohio

A veteran tests positive, now what?

- Support the COVID-19 positive veteran
 - Don't panic, be a calming presence
 - Advocate for direct phone access to the patient
 - Engage the veteran
- Slow down the process!
 - Use your problem solving skills
 - Problem solve with all parties
 - Educate hospital social workers about SSVF

Hospital Discharge Coordination

- SSVF is a housing program
 - What was the housing plan before COVID-19?
 - Support veteran choice during discharge planning
- If eligible, enroll in SSVF immediately
 - Do not discriminate against those who test positive
- Rapid Resolution / Homeless Prevention Use
 - Housing options (*and rapid resolution options*) expand once the veteran recovers